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VOL. VI.

SEPTEMBER, 1879.

No. 9.

THE NEW YORK
Medical Eclectic,

DEVOTED TO

REFORMED MEDICINE,
GENERAL SCIENCE AND LITERATURE.

♦♦♦
Editors:

ROBERT S. NEWTON, M. D.,

Professor of the Theory and Practice of Medicine in the Eclectic Medical College, of New York.

ROBERT S. NEWTON, JR., M. D.,

Professor of Surgery and Ophthalmology in the Eclectic Medical College, of New York.

♦♦♦
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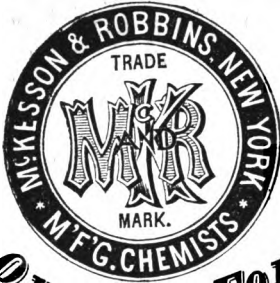
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VOL. VI.

SEPTEMBER, 1879.

No. 9.

ORIGINAL COMMUNICATIONS.

MATERIA MEDICA AND THERAPEUTICS.*

By GEORGE WILLIAM WINTERBURN, M. D.,

Professor of Materia Medica and Therapeutics in the Eclectic Medical College, of the City of
New York; Physician in Chief to the Manhattan Hospital.

(Continued from page 357, August, 1879.)

HYDRASTIS CANADENSIS. *Golden Seal.*

The golden seal is a small, indigenous plant (*Nat. Ord. Ranunculaceæ*), growing in bog meadows from Canada to Kentucky and the Carolinas, with yellow, evanescent flowers, and red, juicy berries, resembling raspberries, but not edible. The root is of a beautiful yellow color, and, when recent, is juicy, of a peculiar odor, and intense bitter taste, imparting its virtues to water or alcohol.

Chemical Constituents.—Golden seal contains two alkaloids, berberin $C_{20} H_{17} NO_4$, and hydrastin $C_{44} H_{24} NO_{12}$, yellow coloring matter, sugar, resin, fatty matter, starch, albumen and several

* Copyrighted, 1879, by G. W. Winterburn.

salts. Hydrastin occurs in brilliant, white crystals, having no taste, except in the form of salts, which are acid and bitter; it is nearly insoluble in water, but the salts are for the most part soluble. Hydrastin dissolves easily in alcohol, ether, chloroform and benzine; and it may be extracted directly from the pulverized root by heating it in a percolator with either of these solvents, neither of which will dissolve berberin. The hydrastia—often sold as the active principle of golden seal—is not the alkaloid hydrastin, but impure berberin. Hydrastin dissolves readily in acids, forming soluble, uncrystallizable salts, bitter, with a peculiar metallic aftertaste. The muriate is the one most frequently used. It is unnecessary that it should be bleached perfectly white, as the slight impurities it contains do not alter its therapeutic value.

Physiological Effects.—Hydrastis causes flushes of heat, with intense itching; followed by a moist, exuding eruption of an erysipelatous nature; sometimes resembling mild varioloid. This rash occurs on the face, principally about the mouth and chin, or upon the hands; and is accompanied with burning heat and exfoliation of the skin.

It causes congestion and swelling of the eyelids, with secretion of tears, or thick, white mucus, and dimness of vision.

It causes inflammation of the nose, which is much swollen, with excoriated feeling in the nostrils, extending up into the frontal sinuses; with constant discharges of thick, white mucus; with dull, heavy, frontal headache.

It causes roaring in the ears, tinnitus aurium and otorrhoea.

It produces a profound influence on all mucous surfaces. The natural secretion is at first merely increased in quantity; subsequently it becomes altered also in quality, changing successively from transparent to white, yellow, green, bloody, but always thick and tenacious; eventually ulceration causes destruction of the secretory glands, and the surface becomes dry and glazed. This may show itself in the throat, with hawking up of tenacious, yellow or white mucus, in long threads or strings; in gastric catarrh; or in a gleet discharge from the urethra or vagina.

It, at first, stimulates the digestive functions with increased muscular activity and force; but this is shortly followed by deficient nutrition and muscular debility, in this respect being analogous to cinchona and iron.

It produces burning or cutting pains at the umbilicus, extending down through the spermatic cord to the testicle, with a feeling of goneness at the epigastrium, irritability of the stomach, torpor of the liver, with pale, scanty stool. These light colored stools are generally yellowish green in color, accompanied with griping and faintness, analogous to the action of rhubarb. This stage is followed by constipation, associated oftentimes with hemorrhoids.

It causes an aching sensation in the kidneys, with increased activity, and if continued long enough, a muco-purulent discharge.

It acts on the glandular system in the same manner that it does on mucous surfaces, first increasing secretion, and secondarily destroying function.

It causes myalgic pains in the chest and lumbar region, and a feeling of lameness and weakness in both upper and lower extremities, with severe pains in the joints, especially the larger joints; worse on movement.

Under the influence of hydrastis, most persons complain of a feeling of intoxication, with sharp, cutting pain in the front part of the brain; but this is probably only a reflex from the disturbance of the digestive tract. This drug acts through the ganglionic nervous system; and, as we have seen, principally upon the mucous membranes of the outlets of the body; less strongly on the outer integument; considerably on the glandular system; very slightly on muscular, and, apparently not at all on nervous tissue.

Therapeutics.—Hydrastis compares therapeutically with quinia, iron, strychnia, aletris, helonias, iodine and phytolacca. It differs from quinia in not being a powerful antiperiodic; from iron, in not being specifically a blood builder; from strychnia, in not being a stimulant to the spinal cord; from aletris and helonias, in not acting on the functions of the female generative organs; from iodine, in not acting on the motor and sentient nerves; from phytolacca, in not controlling adiposis.

Hydrastis may be administered in the various forms of erythema and other acute exanthemata; in rhagades; in intertrigo infantile and other excoriations; in ecthyma and impetigo; in lupus serpiginosus, rodent ulcer and some other chronic diseases of the skin. Hydrastis is not indicated in dry, scaly eruptions. The skin may be dry, swollen and shining, but not furfuraceous. The hydrastis

eruption is always moist, may discharge profusely, or may be filled with unhealthy granulations. The Indians used the powdered root for blistering the skin, as an escharotic, and as a topical application to old sores, ulcers and cancers (*Rafinesque*). In skin diseases, *hydrastis* should be administered by the mouth, as well as topically. It may be used locally either in the form of the powdered root, lotion, glycerole or cerate.

The crude powder should be triturated with twice its weight of starch, and may then be dusted lightly on excoriations, fissures, sore nipples, chronic ulcers arising from burns and scalds, and all similar affections.

Case I.—A girl, seven years of age, fell, and lacerated the scalp above the left temple. The wound was several inches in length, in the form of a crescent. It suppurated, and became a troublesome sore. After cleansing the surface, *hydrastis*, in fine powder, was applied. It checked the suppuration, allayed the inflammation, and under its use the ulcer healed in a few days.

Case II.—Was an ulcer from a burn on the back of a child's hand. It was much inflamed; very painful; she could hardly move her wrist. The powdered *hydrastis* was applied lightly. Although the child irritated it a great deal, it soon healed, and left the cuticle smooth and without a cicatrix.

Case III.—Was a case of excoriation in the folds of the neck of an infant. The dry powder was applied, and it healed in three days.—*Saxton*.

A lotion, made by adding a drachm of the fluid extract to an ounce of water, may be used in place of the powdered root; but the glycerole, two drachms to the ounce, is a nicer preparation.

Hydrastis is one of the most valuable remedies in the *materia medica* in the treatment of chronic catarrh of mucous membrane wherever situated. When we recognize that many diseases to which are assigned special names are, notwithstanding, simply *catarrh*, we perceived what a wide field of usefulness is occupied by this remedy. The only form of catarrh in which golden seal is not suitable is the acute inflammatory; here other medicines will be indicated, but, as soon as the inflammation has subsided, *hydrastis* should be used both locally and by the mouth.

To enumerate some of these special forms: First, we have old nasal catarrhs, including syphilitic coryza and ozæna, involving either the anterior or posterior passages, or both. The discharge may be mucus—white, yellow, green, or bloody; but it is always thick, tenacious, stringy and profuse. Then we have all forms of

sore mouth, from simple ulceration of the buccal mucous membrane up to gangrena oris.

A man troubled with the itch was told that an ointment of corrosive sublimate would cure it. He used it freely. As the skin eruption disappeared, severe mercurial salivation was developed. When called to see him, his jaws were set, liquids were swallowed with difficulty, power of articulation was lost, and he could only make his wants known by writing on a slate. The ulceration of the mouth, which followed the salivation, was soon relieved by hydrastis, one part tincture to nine parts water, and the patient was able to speak in about a week. The recovery was rapid and permanent.—*Lodge*.

In chronic tonsillitis and chronic pharyngitis, when the membrane is studded with round, injected protuberances, and all the symptoms are aggravated by exposure to cold and wet, hydrastis will cure. It may also be used in simple ulcerated sore throat; in the ulcerated throat of scarlatina; in dyspeptic sore throat, arising from an irritated state of the stomach; and in mercurial sore throat. Hydrastis is of no use in true diphtheria; but sometimes the secretion clings to the mucous surface, and closely resembles diphtheritic exudations. In such cases of pseudo-diphtheria, hydrastis is usually the most effective remedy. In these diseases of the mouth and throat, as well as in chronic laryngitis and bronchial catarrh of elderly persons, the muriate of hydrastin—a grain to an ounce of water—is the most serviceable preparation of the drug, being far superior to the tincture, fluid extract, or infusion.

In my own case, it acted promptly in removing a disagreeable dryness of the tongue, with a sensation as if it had been burnt; it felt sore and raw, and had a dark red appearance, with raised papillæ. The gums were also dark and swollen, as was also the mucous membrane of the mouth. The uvula was relaxed and sore; large quantities of yellow, tenacious mucous was hawked from the throat, leaving a sensation of rawness. A wash of muriate of hydrastin cured the whole in two days, although it had lasted for two weeks, uninfluenced by other remedies.—*Hale*.

In treating diseases of the mouth and throat, a concentrated lotion may be applied by a camel's hair pencil on the congested or ulcerated parts, or a wash or gargle may be used; but a much better method of treatment is by steam inhalation. For this purpose, ten grains of the muriate of hydrastin, or half an ounce of the fluid extract or powdered root, is placed in a croup kettle, and over it is poured a pint of boiling water. The steam is then inhaled for ten or fifteen minutes, and the operation may be

repeated as often as is thought desirable. Or a spray atomizer may be used instead, and the same preparation thrown down the throat or up the nostrils, as may be desired.

Descending to the stomach, we find that most fruitful source of dyspepsia, catarrh of the viscus. This condition is evidenced by dull, aching pains in the stomach, sinking at the epigastrium, acidity, weak, faint feeling, cachectic condition, with loss of appetite, and violent, long continued palpitations. In these gastric disorders, hydrastis is a most truly useful remedy.

In anorexia, indigestion and general debility, arising from a languid or atonic state of the stomach, it is unsurpassed, restoring tone to the stomach, promoting the appetite and acting as a general restorative. It may also be employed in those cases of chronic gastritis and chronic irritation of the stomach, with altered secretion, which constitute the worst and most persistent forms of dyspepsia. In acid indigestion, hydrastis, associated with calcined magnesia or prepared charcoal, will be found truly valuable, especially when attended with a torpid condition of the bowels. In those sympathetic diseases of the digestive organs arising from uterine disease, we have obtained more benefit from this than from any other agent. The cases in which we have known this plant used with most success, were atonic dyspepsia, attended with torpidity of the liver; languid circulation; and constipated bowels.—*Scudder.*

Hydrastis will be found of special advantage in gastritis from the abuse of alcoholic stimulants, in many instances destroying the appetite for liquor (*King*).

Then it is also useful in that debilitated and congested state of the intestines, whose chief expression is constipation. Where this results from sedentary habits, or the long continued use of aperients, no remedy is so efficacious or praiseworthy. In constipation following rheumatic fever, or associated with mucus fluxes elsewhere, or with hemorrhoids, or excoriations of the anus, no remedy can be used to better advantage. The stool which indicates hydrastis is hard, dry and nodulated.

The same weakened condition of the lower bowel sometimes more rarely evidences itself in chronic catarrhal proctitis, with soft, acrid stool. This stool is light colored, obstinate, accompanied by griping and tenesmus, and followed by severe cutting pain in the hypogastrium, aching in the testicles and faintness. It will not reach watery stools or any diarrhoea of a severe nature, and is mainly useful in ordinary non-inflammatory mucus flux, never going beyond the sub-acute inflammatory. In all these conditions,

enemas of aqua hydrastis will be found very useful, and will materially assist the internal administration of the drug. In ulceration of the rectum, as well as in fissure of the anus, and hemorrhoids, the glycerole, ounce to ounce, will prove the best way of using it.

In all the foregoing conditions of the stomach and bowel, the dose should not be large. A single drop of the fluid extract, several times a day, will prove beneficial.

Hydrastis is also useful in the catarrhal inflammation of the mucous linings of the gall bladder and biliary ducts, as well as congestions of the liver, spleen, pancreas and other glands.

Hydrastis is a potent remedy in jaundice. Experience proves that it is capable of curing very bad cases, even when associated with extreme debility, in drop doses of the fluid extract.

In catarrh of the bladder, even in cases where the whole lining membrane is ulcerated, hydrastis alone has often proved curative. The warm decoction must be injected into the recently emptied bladder and retained as long as possible, and the process repeated several times a day. This decoction may be prepared as follows :

B.

Tincturæ hydrastis canadensis,	3j
Aquæ ferventis,	Oj
Misce.	Use at blood heat.

But the infusion of the fresh root is still better, while a lotion of the muriate, five grains to an ounce of water, is probably the best.

When the patient is in a cachectic condition, with indigestion and constipation, and there is catarrh, without inflammatory symptoms, of a thick, tenacious, stringy, yellow or green nature, from the urethra or vagina (as urethral blenorrhœa, obstinate gleet or leucorrhœa), or from the uterus (as in chronic mucus metretis, or chronic mucus cervicitis); or when there is abrasion of the os vericx and vagina; or in vaginal leucorrhœa of young children; or in spermatorrhœa (in connection with phosphorus and strychnia), hydrastis is an excellent remedy. In all such conditions, hydrastis should be given internally in small doses, and a lotion of the same applied directly to the diseased surface.

In balanitis, the powdered root may be dusted lightly over the

gland, or the glycerole applied by means of a camel's hair pencil. Hydrastis is especially useful in pruritus, with profuse white-of-egg discharge and inordinate sexual excitement.

The diuretic action of hydrastis, although not as important as some others, deserves mention and further investigation. It is said to be efficacious in promoting the discharge of calculi from the kidneys (*Biddle*), and in some forms of dropsy.

We approach still more debatable ground, when we take up the relation of hydrastis to cancer. The most extravagant statements have been put forth in regard to its curative powers in this disease, and with some apparent show of reason in cases actually cured. Nevertheless, it may be stated, quite positively, that hydrastis has very little influence on the cancerous diathesis as such, and is, at best, merely palliative in epithelial or uterine carcinoma. In scirrhus tumors of the breasts and other glandular structures, however, it is of great value, if applied before the tissue has become too deeply involved in the cancerous degeneration. Hydrastis is useful in dispersing all glandular tumors and enlargement, providing there is sufficient healthy tissue remaining to act upon; and we are, therefore, warranted in withholding the knife or caustic until our patients have had the benefit of its local and internal use. Where the cancer is so located as to make excision dangerous or impossible, as at the base of the tongue, stomach or bladder, hydrastis may be administered with a rational hope of greatly palliating the distressing symptoms, even though the disease be incurable.

Many cases might be cited where this much has been accomplished; but it must not be overlooked that hydrastis, here as elsewhere, is only strongly indicated when the sufferer is in a cachectic condition, with weak muscular power, feeble digestion and obstinate constipation.

In enlargements of glands, hydrastis does not possess the specific power of iodine; but, from its superior tonic qualities, acts, like good food and a change of air, simply as a restorative.

Hydrastis has a positive value in the treatment of variola, though probably not the specific influence which has been claimed for it.

"Hydrastis is the remedy which embraces something like a specific treatment of

small pox. Where the itching and tingling of the face at the time of maturation were so distressing, I ordered the face to be dabbed with a cold infusion of hydrastis, a small portion being warm for each application. The relief experienced was instantaneous, as well as complete and lasting. The swelling of the face also subsided quickly, and the case proceeded with more than ordinary rapidity to a happy issue. No second case occurred in the house—a point of importance which I request the reader to bear in mind.”—*Wilkinson*.

Dr. E. M. Hale very incisively queries whether the patient had been vaccinated.

It is a fact well known to all practical physicians, that small pox, occurring in persons who have been vaccinated, will frequently appear to pursue a severe and even aggravated type, up to the very point of maturation, and then suddenly subside, as if cut short by some therapeutic power. It is this peculiar phase of disease that has led to so many unfounded laudations of new remedies.

Notwithstanding, should you have cases of variola characterized by unusual swelling, redness and itching, with great soreness of the throat, it would be advisable to try a weak wash of hydrastis.

This drug occupies an important position in the treatment of diseases of the eye and ear. In chronic conjunctivitis, even with purulent discharge, a spray, by means of an atomizer, of weak decoction of hydrastis, will be found grateful and curative. It may be used in the same manner, or as a collyrium, in ophthalmia, whether scrofulous, catarrhal or scarlatinous; in smarting of the eyes, with a profuse secretion of tears; and in corneal opacity. In otorrhoea, it may be used as an injection, no matter how bad the discharge may be, though internal and constitutional treatment may be a necessary concomitant. It is specifically indicated if the roaring in the ear resembles the drumming of a partridge.

And now, finally, we come upon another debatable ground—the action of hydrastis in intermittent fever. We know that it contains the alkaloid berberin, and, consequently, it occupies the same relation to fever and ague that is held by bayberry and other drugs of this class. While many claim for it an almost specific influence on all paludal and periodic complaints, others, quite as credible, state that they have given it a fair trial, and that it did not fulfil their expectations. Most Eclectic physicians combine it with other anti-periodic drugs, especially quinine and salicine, so that it is difficult to determine which portion of the compound

effected the cure. It may, however, be laid down with some certainty, that *hydrastis* acts best in chronic agues rather than recent ones, and in persons of slow and imperfect digestion, enlarged liver and spleen, obstinate constipation and muscular debility.

(*To be continued.*)

TENIA SOLEUM.

By S. E. MORTIMORE, M. D.,

Professor of Anatomy in Eclectic Medical College, New York City.

This paper is intended to be a practical one on the expulsion of this parasite, and not a scientific record of the manner of its origin, method of growth, time of existence, or the complications which may arise from its presence. I only desire to place in the hands of those practitioners who may have had a less favorable experience than myself a certain method for its detection and relief.

First, then, for its detection. There is no one *certain* symptom which may be advanced, save the actual presence of the joints in the stools. When these are discovered, of course all doubt is then at rest; but very often tape worm may exist without the knowledge of the patient or his medical adviser, for the reason that the growth of the parasite may be comparatively slow, and its situation high up in the alimentary tract, and the sections, as they become senile and detached, may be dissolved by the intestinal juices, and so never appear among the *fæces*.

When such symptoms as dizziness, mental depression, fainting fits, disturbed sleep, anemia, headache, irritation of the mouth, nose and anus, cough, colic, cramps, uneasiness of the abdomen, and various cerebro-spinal affections, such as convulsions and epilepsy, present themselves, we do not see how it is possible for its presence to escape the notice of practitioners.

It should not be understood that *all* these symptoms present themselves in every case, as they are only an accumulation of facts which have been gathered by observation from a number of cases in patients of all temperaments and habits, in different conditions of health. Those symptoms which I have found to be most constant are as follows: General emaciation (when well marked there appears a shortness of breathing, such as is found in phthisis), a short, nervous cough, a bluish, glassy appearance of the *sclerotica*,

itching of the nose or anus, either a twitching or drawn, tense condition of facial muscles about the mouth, with uneasiness of the abdomen and vicarious appetite, the most annoying symptom of all being insomnia.

These being the most common, the addition of any of the other symptoms I have mentioned signifies nothing more than additional evidence.

When any doubt exists, carefully examine the spine of your patient, and all doubt may be removed. The best method of doing this is to strip the patient to the waist, and while he stands scan carefully the position of the spinal column; then, placing your patient in a prone position, and beginning at the base of the cranium, pass the hand over the whole length of the spine in the following manner: The index and middle fingers of the right or left hand are to be placed one on each side of the spinus processes, and as the hand is gradually drawn downward toward the sacrum, firm pressure should be applied over each succeeding inch of the course. If inflammation or deformity be present, it will manifest itself.

Having once determined the presence of *tenia soleum*, it may be promptly removed by the following course of treatment: Let the patient abstain from an evening meal, and, on retiring at night, take a moderate dose of Rochelle salts. This will remove all substances which might interfere with the medicine from the bowels. No breakfast should be eaten in the morning, but at nine o'clock the following receipt may be administered:

R. Graniti radicis (pomegranate bark),	℥ ss.
Peponis seminum (pumpkin seed),	℥ j.
Ext. felicis etheris (eth. ext. of male fern),	℥ j.
Pulv. ergotea (powdered ergot),	℥ ss.
Pulv. acacia (powdered gum arabic),	℥.
Olei Tiglii (croton oil),	gtts. ij.

Mix. Sig. The pomegranate bark and pumpkin seed should be thoroughly bruised, and with the ergot boiled in eight ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil should first be well rubbed up with the acacia and male fern, and then formed into an emulsion with the decoction. When cooled, the whole to be given at a dose.

In the majority of cases the parasite is discharged alive in from three to five hours. The fæces should be carefully washed through a sieve and the head found. When it is not found, repeat the same treatment after forty-five days.

216 East Thirty-ninth Street, New York City.

EDITORIAL NOTES AND SELECTIONS.

MANHATTAN HOSPITAL.

The Manhattan Hospital is the corporate name of a new institution, located on the south side of Twenty-fifth Street, west of Eighth Avenue, just on the dividing line between the sixteenth and twentieth wards, and intended for the benefit of the invalid poor of that populous district. It is situated nearly in the centre of a quarter of the city more than a mile square, containing over one hundred thousand tenement house population and no other similar charity.

At present it is merely intended to furnish out-patient relief, and for that purpose a very cosy and attractive suite of rooms has been arranged on the ground floor. This consists of a handsome reception room, 25 x 35, furnished with settees, clerk's desk, etc. Beyond this is the apothecary shop, 15 x 15, fitted up with a completeness which leaves nothing to be desired; and a dark operating room, 10 x 15, for operations requiring artificial light, such as eye and throat. In the rear are two light operating rooms, 15 x 15 and 10 x 15, with all the conveniences of hot and cold water, surgical chairs, a complete line of surgical instruments and appliances, and a valuable consulting library.

A very able and experienced corps of physicians has been enlisted, embracing:

GEORGE WILLIAM WINTERBURN, M. D.,
Physician-in-Chief.

ROBERT S. NEWTON, JR., M. D., L. R. C. S.,
Diseases of the Throat and Eye.

MARIA B. HAYDEN, M. D.,
Diseases of Women.

CHARLES WINTERBURN, M. D.,
Diseases of Men.

LOUIS DE V. WILDER, M. D.,
Diseases of the Nervous System.

SAML. E. MORTIMORE, M. D.,
Surgical Diseases.

GEORGE W. BOSKOWITZ, M. D., PH. B.,
Diseases of the Chest.

THOMAS B. NEWBY, M. D.,
Diseases of the Skin.

JOHN W. GIBBS, M. D.,
Diseases of Digestion.

JONATHAN T. DEYO, M. D.,
Diseases of Children.

CHAUNCEY P. FITCH, M. D.,
Mental Diseases.

B. F. SMITH, D. D. S.,
Dentistry.

FAIRFIELD MORTIMORE, M. D.,
Assistant in Surgery.

WILLIAM J. TRIPP,
Electrician.

E. A. FULLER,
Apothecary.

M. E. ONTHANK,
Clerk.

ROBERT S. NEWTON, M. D., LL. D.,
Consulting Surgeon.

The entire direction of the establishment is in the hands of Prof. Geo. W. Winterburn, M. D., who is in attendance every day of the week, from two until five o'clock.

The whole is supported by voluntary contributions, and persons desiring to subscribe to this most useful charity can do so by sending their donations to Caleb B. Knevals, Esq., 48 Twenty-third Street, East. No part of the money subscribed is spent for salaries. All of it is used in the purchase of medicines and other necessities for the sick.

The following general orders explain themselves, and show the intent and spirit of this charity :

MANHATTAN HOSPITAL,
OUT-PATIENT DEPARTMENT, No. 334 TWENTY-FIFTH STREET, WEST, }
NEW YORK, Sept. 20, 1879. }

General Order No. 1.

Patients should in all cases be treated with the same delicacy and courtesy that would be accorded to wealthy patrons at the physician's private office. It should be remembered that the poor are often morbidly sensitive, and appreciate kindness and a gentle word much more than those who are used to it. It is hoped, therefore, that this institution may be not only a charity to the body, but a true Christ-like charity in all respects. That this would be a novelty in New York makes it all the more desirable that especial care should be observed by all to carry the spirit of this order into every day practice.

G. W. WINTERBURN, *Chief of Staff.*

MANHATTAN HOSPITAL,
OUT-PATIENT DEPARTMENT, No. 334 TWENTY-FIFTH STREET, WEST, }
NEW YORK, Sept. 22, 1879. }

General Order No. 2.

In order not to interfere with the legitimate practice of the physicians of the vicinage, and to prevent imposition on the part of those able to pay a fee, out visits will not be made by members of the staff except to cases which have been personally investigated by the physician in chief, and only by his special direction.

The freest service will be instantly given to all indigent persons; but those who are able to pay will be required to do so, as it is not our purpose to encourage pauperism.

G. W. WINTERBURN, *Chief of Staff.*

MANHATTAN HOSPITAL,
OUT-PATIENT DEPARTMENT, No. 334 TWENTY-FIFTH STREET, WEST, }
NEW YORK, Sept. 24, 1879. }

General Order No. 3.

The attention of the medical staff is called to the large number of new vegetable remedies on the shelves of the pharmacy, prepared in a convenient form for use. An analytical label, explaining the special indications, is attached to each bottle.

G. W. WINTERBURN, *Chief of Staff.*

MANHATTAN HOSPITAL,
OUT-PATIENT DEPARTMENT, No. 334 TWENTY-FIFTH STREET, WEST, }
NEW YORK, Sept. 25, 1879. }

General Order No. 4.

When necessary to the best interests of the patients, surgical operations will be performed at home, and the case carefully watched, until the person is able to attend at the dispensary.

G. W. WINTERBURN, *Chief of Staff.*

CHRY SOPHANIC ACID IN DISEASES OF THE SKIN.

"Dr. Walter Smith sums up the knowledge that we have at present in the following words: 1. Chrysophanic acid is a powerful local stimulant—not, however, tending toward vesication or ulceration. Its action in this capacity is best illustrated in psoriasis. 2. It also possesses undoubted parasiticide power. 3. It is a most efficient remedy in two parasitic affections—viz, ringworm of

the body and tinea versicolor. 4. In ringworm of the scalp it frequently fails, owing to causes that militate against all remedies as yet tried. 5. In favus it has not as yet, so far as is known, had a trial. 6. As a destroyer of animal parasites its efficacy remains to be proved. It would probably be of service in some cases of scabies and in pedicularia. 7. Internally, as Dr. Ashburton Thompson has shown, it is an emetic purge. 8. Alizarin, a substance belonging to the same group of bodies as chrysophanic acid, upon several grounds, appears to deserve a more extended trial in diseases of the skin. The acid is open to certain disadvantages now tolerably well known. Of these the staining of the skin and dyeing of the hair are the least, for they quickly disappear when the use of the drug is suspended, and by simple precautions the discoloration of the patient's pillow, linen, etc., can be avoided; but the irritant qualities of the acid are more marked, and in more than one case Dr. Smith has been obliged to discontinue its use, even when fully diluted—20 grs. or less to drachm i.—on account of the oedema, irritation, and pain provoked by it.”—*The Dublin Journal of Medical Science*.

TREATMENT OF OBSTINATE SCIATICA BY SUBCUTANEOUS
INJECTIONS OF NITRATE OF SILVER.

“Dr. Dureau has collated the cases of obstinate sciatica treated in the Parisian hospitals by Damaschine and Guerin-Rose on Luton's plan, and has deduced from them the following conclusions: 1. Subcutaneous injections of nitrate of silver are to be recommended in cases of inveterate sciatica. 2. These injections, though irritating to the tissues, may be undertaken without any fear of evil consequences. 3. The method renders it possible to reach the diseased spot, and to insure the action of the remedy. 4. Improvement and recovery take place rapidly under this treatment. 5. The subcutaneous injections of lunar caustic are more active and less dangerous than the actual cutting, which is so frequently recommended for sciatica.

“Luton employed a ten per cent. solution of the nitrate of silver, and injected from twenty to twenty-four drops; but Guerin-Rose uses a fifteen per cent. solution and injects fifteen drops, and

Damaschine takes one of only four per cent. and injects only five drops. Of twelve cases treated by Guerin-Rose, most were cured, a few were improved, and a few were not affected at all. No unfavorable consequences were observed in any of the cases. Dr. Dureau advises that the needle be introduced deeply, so as almost to reach the nerve."—*Detroit Lancet*.

ACTION OF MEDICINES.

SKIN IRRITATION—ITS VARIOUS FORMS PRODUCED BY THE ADMINISTRATION OF DRUGS.—Dr. Robert Farquharson (*British Medical Journal*, February 22, 1879) presents an interesting summary of the effects on the skin of the administration of certain drugs. Arsenic in medicinal doses has been observed to produce herpes, and in larger doses an eczematous eruption. Phosphorus sometimes produces purpura. Iodide of potassium sometimes produces papules, which quickly become pustular. These may develop into ecthyma or bullæ. Bromide of potassium more frequently produces an acne. Nitrate of silver produces an indelible, dull, leaden color. Mercury brings out an eczematous eruption of the skin. Chloral hydrate causes an erythema, scarlet fever like eruption, hæmorrhagic purpura. Aconite is occasionally attended by an irritable vesicular eruption. Copaiba often produces a sort of urtica. Quinine occasionally causes two kinds of eruptions: The first are erythematous in character, attended by most distressing itching and tingling, resembling scarlet fever both in the appearance of the rash and the free desquamation which follows; the second assumes a more measly aspect, being occasionally papular, but more generally suggestive of urticaria that occurs in discrete rose-red patches, spreading universally over the skin, and occasionally attended with marked gastric disturbance. Strychnia has produced a rash resembling that from quinine. Belladonna may produce a bright red rash, very like scarlet fever. Cod liver oil occasionally causes acne. Salicylic acid has produced a peculiar, bright punctate rash with erythematous patches, eventually surmounted by vesicles, with sore throat and constitutional disturbance resembling scarlet fever.

NEW TREATMENT OF OZÆNA.—(*Annales des mal. de l'oreille et du larynx*, Dec. 31, 1878.) For Dr. Massei, ozæna is a parasitic disease, and hence antiparasitic treatment is indicated. He divides his treatment into three stages, according to the following indications: Dilatation of contracted nasal passages, cleansing and disinfection of affected regions, and local alterative medication.

1. *Dilatation*.—When respiration is rendered difficult from contraction of the nasal passages by hypertrophy of the mucous membrane, and by the presence of a considerable quantity of thick and hardened secretion, Massei dilates them by the use of urethral bougies.

2. *Cleansing and Disinfection*.—When the passages are sufficiently dilated, he orders frequent injections through them, by means of Fauvel's retro-pharyngeal syringe, of a very weak solution of salicylic acid (1 part to 500 of water). He considers this solution useful, not only as a disinfectant, but also as an astringent.

3. *Local Alterative Medication*.—After the nasal fossæ are well cleansed, he makes applications, by means of the speculum nasi, of powdered calomel, upon the ulcerated portions of the mucous membrane.

Massei warns practitioners that when the exudation diminishes, there is always a halt in the course of the disease. It is just then that patience must not be lost, but the insufflations rather insisted upon until complete cure is obtained.

Although the present state of science does not permit the full acceptance of the parasitic theory of ozæna, still the excellent results obtained by this Neapolitan practitioner dispose us to follow the treatment which he proposes.—*Lyon Medical*, April 13, 1879.

COPPER IN THE TREATMENT OF DIABETES.—(*Grazzini Lo Sperimentale*, *Lyon Medical*, March 2, 1879.) Consulted by a man, aged 63, for a furuncular eruption upon the scrotum and buttocks, with weakness, insomnia, enfeeblement of vision, emaciation, thirst, and polyuria, Grazzini suspected a case of diabetes. Analysis of the urine showed the presence of 37.88 grammes of sugar to the litre. Knowing, from experience, the inefficacy of the usual

methods of treatment, he determined to give his patient copper, not as a specific, but as a tonic.

On June 28 he ordered him one centigramme of finely pulverized metallic copper, with one gramme of pulverized gum arabic, divided into two doses, to be taken before meals. No signs of intolerance of the remedy having manifested themselves twenty days after the commencement of treatment, the dose was raised to three centigrammes.

After six weeks' treatment, the quantity of urine had again become almost normal, and the latter no longer presented any trace of sugar. Examination of the urine, on four different occasions during the following two months, always gave the same negative results, although the use of the remedy was suspended.

Grazzini questions whether the present cessation of symptoms is a simple intermission or a true cure. However it may be, the rapid disappearance in this patient of the diabetic symptoms, and the continuance of good health after cessation of treatment, is worthy of remark, as such is not usually the case in diabetic patients treated by other methods or by an exclusively albuminoid diet.

SYPHILIS IN RELATION TO MARRIAGE.—(Dr. A. Fournier, Paris.) When and under what conditions is marriage morally permissible to one who has contracted syphilis? The conditions that are indispensable I believe to be the following:

1. *Absence of Actual Manifestations.*—Mention of such a condition may appear somewhat superfluous; however, it is necessary, for there are persons who are so base or so morally weak that they allow the consummation of a union, into which they should by no means enter, on account of the actual presence of syphilitic lesions.

2. *Advanced Age of the Disease.*—The younger the attack of syphilis, the greater is the liability to accident from it. Thus, the presence of secondary manifestations constitutes a very formidable danger. Before the lapse of three years, I will not permit marriage, as I have seen the saddest results follow such a course. Later, the probabilities are better, and with the exercise of proper care the dangers are not great.

3. *A Period of Immunity since the Last Outbreak.*—Absolute immunity for a certain length of time must be understood. This marks the subsidence of the acute stage, called secondary, and shows the effect of treatment as well as the character of the disease in each case. If the latter are such as to encourage, I think, while no invariable period can be set down, that we may consider eighteen months as a minimum, under which I would not myself sanction marriage.

4. *A Non-menacing Character of the Disease.*—This is a most important consideration. When syphilis yields rapidly to treatment, it is a favorable sign; but if the form is grave and less tractable, it is more dangerous, and much greater caution must be used. Multiformity, multiplicity or intensity of lesions, a seemingly deep impression upon the general health, and stubbornness against treatment, are characteristics of severe disease. Any implication of the brain or spinal cord is extremely dangerous and apt to recur. I should require a very long period of immunity in such a case.

5. *Adequate Specific Treatment.*—He who has contracted syphilis is dangerous and must be treated. This is the best protection to the community, and needs no argument to support it. Syphilis, properly treated, rarely progresses to the tertiary stage, while that which is not properly treated almost always does. Treatment diminishes its contagiousness and hereditary transmissibility.

With these considerations in my mind, when the question we have been studying is presented to me, I feel sometimes quite sure of my ground and speak out positively and at once. At other times, I do what you will doubtless have to do, wait and observe; in doing which, I likewise explain the case to my patient, and impress him with the importance of being as careful as possible in a matter so grave, and which is, at best, a calculation of probabilities. On one side there is danger which cannot be overestimated; on the other, comparative health, safety and happiness. — *Detroit Lancet.*

LARYNGEAL CHOREA.

A most interesting article on this subject, by Prof. Schrötler, of Vienna, was published in the *Allg. Wein. Med. Zeitung*, No. 7, 1879. The affection, as described by Schrötler and others who had writ-

ten on the subject previously, presents a very striking and complex group of symptoms, exceedingly annoying and trying, not only to the patient, but to those around.

The prominent symptom of the disease is a cough, over which the patient has no control, and which is totally different from that observed in other affections of the air passages.

The cough may be either of a barking, howling ("heulendem") or crowing character. In certain cases of hysteria, such a cough may occur, and it is occasionally simulated; but in many cases it cannot be traced to either of these causes. Bell observed, in a girl fifteen years old, a convulsive, barking cough, which occurred ten times per minute, and disappeared during sleep. It did not lead to any disease of the larynx. The disease lasted four weeks, and relapsed three times.

Romberg describes, under convulsive affections of the "nerves of voice," an abnormal tone of voice, which he thought was due to an "hysterical or epileptic condition." He reports the case of a young woman, nineteen years old, who made a sound "like a saw mill," and so loud that it could be heard on the steps outside of the house. He also mentions the case of a physician, sixty years old, who, in consequence of a complicated nervous affection, had occasional attacks of loud, bellowing coughing. A singular feature in this case was, that soothing influences, and especially music, had the power of preventing the paroxysms and lessening their violence.

Mandl described similar affections. More recently, Türch describes similar cases under the heading of "convulsive coughs;" but Schrötler thinks it doubtful whether they were due, as Türch supposed, to disturbances of innervation about the larynx. In these cases, irresistible paroxysms of coughing occurred, which were of short duration, and of a peculiar barking character. The larynx, trachea and bronchi were perfectly healthy. Türch reports five cases—four of which presented precisely the symptoms of those observed by Schrötler. Massei has reported three cases which he thought due to hyperæsthesia. His patients were aged, respectively, twenty-four, fourteen and eighteen years, and they presented very slight or no laryngeal disease which could be detected. He considers the affection often incurable. Geissler

reports the case of a boy, twelve years old, who, after taking cold, had the characteristic cough, which was brought on whenever he attempted to pronounce words or syllables commencing with the letter H. Subsequently, he suffered with general convulsions, with hallucinations and subsequent coma, attacks of which could be brought on by pressure or pinching of certain points. Prof. Wagner, in Leipsic, thought the affection in this case a form of hysteria. Dr. Spamer, in Giessen, has reported a case of the peculiar cough occurring in a child a year and a half old, after an attack of general chorea. Schrötler himself has had eleven cases. They were all young persons, generally from eight to fourteen years of age, in whom, without known exciting cause or any other disease, attacks of coughing frequently occurred. The attacks came on every five or ten minutes when the patient was awake, and disappeared during sleep. He proposes to call the affection *laryngeal chorea—chorea*, because the spasmodic contraction of certain muscles or groups of muscles occurs during the working movements of the patient and disappear during sleep; furthermore, the patient has no control over the attacks. *Laryngeal chorea*, because the most prominent symptoms have their seat in the larynx. Other groups of muscles, in no way connected with phonation and respiration, are occasionally affected. That the affection is a form of chorea is rendered further probable by the mimicry (*nachahmung*), the relapses, the course of the disease, and the occurrence of other nervous affections in the same individual, or in members of the family.

Of the eleven cases seen by Schrötler, there were three boys and eight girls—one of the latter being twenty-one years old. All were of delicate constitution; two were anæmic. In some, there was a very slight catarrh of the larynx or trachea present; in others, this was absent.

Schrötler thinks the affection a motor neurosis in the strictest sense of the term; but whether it has its origin in the central nervous system, he considers a matter of speculation only. The prognosis is favorable—all of his cases having recovered in from three to six weeks. Relapses occurred, but they were always less severe than the original disease.

The treatment consisted in cold shower baths two or three times

a day, the administration of quinine in large doses, and the application of the constant current. Iron was given to the anæmic patients. — *Virginia Medical Monthly.*

ZINC *vs.* QUININE.

Dr. W. Gibbon Carter remarks: "Owing to the high price of the alkaloids of cinchona, the disagreeable results, in some cases, from their administration, and their nauseous taste, I was induced, from the high praise given the sulphate of zinc in the treatment of intermitting fever, by Prof. John Eberle, in his 'Practice of Medicine,' to give it a trial. Dr. Eberle says: 'The sulp. zinc is an excellent remedy in the cure of intermittents. I have very rarely failed to arrest the disease as promptly with it as with quinine.'

"Dr. Frith, in a letter to Dr. S. Mitchell, of New York, dated Calcutta, 1805, speaks in the most favorable terms of this article as a remedy in intermittents. He asserts, that while prescribing in the Philadelphia dispensary, he found it to cure cases in which both the bark and arsenic had failed. Mr. Brand also observes that in the cure of intermittents the sulphate of zinc is an admirable tonic.

"I have, in a practice of over thirty years, had ample opportunity of giving the zinc a full and fair trial, and the gentlemen quoted above, I am satisfied, have not overestimated its curative power in this fever. Had I to decide which of the two, quinine or zinc, I would select to cure ague and fever, I would unhesitatingly select the latter. I have frequently promptly cut short the disease with the zinc after the quinine, freely used, had no more effect than pulverized brick dust. That its effects are far more lasting, and relapses seldom, I have been struck with.

"While medical attendant to the Westham iron works, located five miles above Richmond, and on James River, and where paludal fevers were common, nine tenths of the cases of intermittents were treated by zinc. So little quinine did I use with the operatives that I remember General Stone, who had a general supervision, was struck with it when looking over the bills for medicines ordered by me, and remarked, 'I see, doctor, where, before you had charge of the medical affairs here, we paid each year for eight, ten or

twelve bottles of quinine, we pay now for one or two. How is this?" 'I use sulphate of zinc as a substitute.'

"My mode of administering was simple. I have sometimes cut short—or rather, as the premonitory symptoms were coming on, thwarted—the paroxysm by giving the zinc in its emetic dose. Of course, any other emetic would have done the same by its reaction. In the intermissions, I have ordered from two to three grains at a dose, every three or four hours, for adults, and to be continued some four days after the attacks have ceased. I generally give it in a little cold water. The addition of any of the flavored syrups, as lemon or ginger, would make a more agreeable dose."—*Southern Medical Record*.

PHLYCTENULAR ULCERS OF THE CORNEA.

Prof. Seely says: "I here show you two ulcers of the cornea, near the periphery, apparently ready twenty-four hours ago to perforate. I then ordered a solution of eserine to be dropped into the eye four or five times before their return, and you never would suspect that there had ever been any danger of a perforation. I have had the most fortunate and satisfactory results with ulcers of the cornea under the influence of the myotic, and am now using it in all cases where there is no iritis. If the iris is inflamed, a mydriatic wash is to be used often enough to prevent synechia posterior.

"For corneal affections with iritis, I prefer duboisine, as during my five or six months' experience with the new myriadic I have met with no case where it caused any irritation. I wish to call your attention especially to the use of the myotic in corneal affections of all sorts. You have seen a large number of cases of 'pannus' treated with the myotic in the most satisfactory manner. In fact, trachoma, with corneal complications, is robbed of its discouraging features by eserine and yellow oxide in vaseline eserine iritis. I have never yet met with a case of eserine iritis started up by eserine, though attention has been called to such a result; still, it is well enough to be on the look out for such an accident."—*Clinic*.

YELLOW FEVER—EPIDEMICS IN CHARLESTON, S. C.—STATISTICS
FROM 1700 TO 1871.

The Charleston (S. C.) *Courier* insists that the evidence thus far is conclusive that whatever fever has prevailed in that city this year is owing entirely to local causes and the want of proper attention to the hygiene of the city, and that there has been nothing epidemic in its character. The *Courier* also gives the subjoined interesting statistics relating to the health of the city in former years, explaining that it is indebted for them to Hewitt's, Ramsay's, and Shecut's histories, Drayton's "Memoirs of the State of South Carolina," and various medical journals, but more especially to an able and intelligent work published in 1849, under the name of the "Census of the City," compiled by Drs. John L. Dawson and Henry W. De Saussure.

The first epidemic of a destructive kind in Charleston was in 1699 or 1700—which year is not ascertained. This was called "the plague," and destroyed a great many people, the number unknown.

1703. The same disease occurred, with similar results, and was still called "the plague."

1728. Twenty-five years elapsed, during which no mention is made of epidemic sickness, when the disease of 1700 and 1703 appeared, and was called yellow fever.

1732. It began in May and continued until October. During its severest period eight to twelve died daily. The population of the city was then about 10,000.

1739. It appeared, but not violently; also in 1745 and 1748, with some severity, but the deaths cannot be ascertained.

1753 and 1755. A few sporadic cases appeared, after which, until 1792—some writers say 1794—a new series of epidemics commenced, appearing in 1795, 1796, 1797, and 1799, when 239 died; 1800, 184 deaths; 1802, 96 deaths; 1804, 148 deaths; 1807, 162 deaths. The population of the city at these periods was about 20,000.

The fever passed then over the ten succeeding years.

1817. There were 270 deaths, of whom a great many were children.

1819. There were 176 deaths of yellow fever.

1820. A few sporadic cases.

1824. Two hundred and thirty-one died of fever, and this year it reached Sullivan's Island, causing many deaths.

1827. Sixty-two deaths.

1828. Twenty-six deaths.

1830. Thirty-one deaths.

1834. Forty-nine deaths.

1835. Twenty-four deaths.

1838. The year of the great fire; the fever was destructive, causing the death of 353 persons. Population, 30,000.

1839. One hundred and thirty-three deaths—the fever epidemic. From this date, for ten years, the city maintained a high state of health.

1849. A sickness prevailed strikingly similar to that existing now. The weather was followed by heavy rain. The beginning and progress of the disease—the gradual change into a very “mild type of yellow,” or a “broken bone,” or a “bilious attack”—were all like this season. The fever began 1st August and ended 1st October; 123 died. During its progress there was very little alarm and no panic.

1852. An epidemic prevailed; 280 died.

1854. Was a severe year; 624 died.

1856. There were 206 deaths.

1858. The most distressing sickness ever known here prevailed, when 680 died.

1864. There was some sickness.

The population in 1858 was about 45,000. The “Neck” had been annexed in 1850.

What were the causes which prevented yellow fever from appearing among us to any great extent from 1703 to 1728, from 1739 to 1792, from 1807 to 1817, from 1839 to 1849, from 1858 to 1871? This presents an interesting question.

SHADE TREES IN THE CITY.

New York is fast becoming a shadeless city. The old trees are dying out year by year, and few young ones are put in their places. Many quiet by streets down town, which a few years ago were inviting avenues of verdure and coolness, are now as bare and torrid

as the great thoroughfares. In the new up town streets, with few exceptions, no attempt has been made to secure shade, and they resemble huge gashes in a brown stone quarry. The unobstructed rays of the summer sun, pouring into these crevices and reflected from the stone pavement and the high stone walls, produce an intolerable heat. It seems to be nobody's business to plant or care for trees. When an old tree becomes decrepit and is likely to fall upon the heads of passers by, the department of public works cuts it down and carts it away, but it does not provide a successor to take up the grateful task of warding off the sunbeams and absorbing the heat from the air. The owner of the property in front of which the old tree stood sentinel can plant a new one if he choose, but he rarely chooses to do so. He can rent the property for just as much without the tree as with it, and that is all he cares for; or if the owner be at the same time the occupant of the premises, the chances are that he goes out of town during the heated term, and so does not mind the absence of shade.

There ought to be an intelligent and systematic oversight by the city government of the trees along the streets, for the preservation of the few old ones that remain, and for the planting and care of new ones. Experience has shown that this is a matter which is almost wholly neglected when left to private enterprise. The municipality attends to the paving and lighting of the streets, and it should also attend to shading them. One duty is not as important as the other, but it nevertheless concerns closely the comfort and health of the people, and certainly comes within the province of the city authorities. If a small part of the money spent during the past ten years for grading and paving streets away up town, where nobody lives, had been devoted to beautifying the thickly populated districts with shade trees, grass plats, and fountains, the city would to-day be vastly more healthful and attractive. It is never too late to mend, however. The good work should have been commenced long ago, but because it has been neglected is only a stronger argument for undertaking it at once. If matters go on in the way they have been going of late, we shall soon have no trees to preserve, outside of the parks and the suburban boulevards, and the whole city will be as sultry in midsummer as an Egyptian brick yard.—*New York Tribune, June 2, 1879.*

SOCIETY MEETINGS.

CENTRAL NEW YORK ECLECTIC MEDICAL SOCIETY.

The eleventh annual meeting of Central New York Eclectic Medical Society convened in the City of Syracuse, June 11, 1879.

Dr. T. L. Harris, of Cazenovia, called the meeting to order, and Dr. H. A. Bolles, of Cortland, was appointed president *pro tem*.

After prayer by Dr. Josiah Arnold, the secretary called the roll, and read the minutes of the previous meeting, which were adopted.

Dr. Betts, having arrived, took the chair.

Dr. Harris read the secretary and treasurer's report for the year ending June 11, 1879. The report showed the society in a better financial condition than for a number of years.

The name of Dr. Emmet L. Lord, of Baldwinsville, a graduate of the Eclectic Medical College, New York, was presented for membership. Dr. Lord was duly elected a member of the society.

The next business in order being the election of officers, the president appointed Drs. Wood, Greenleaf and Kellner to fill vacancies in the committee on nominations, after which the committee retired.

Dr. Josiah Arnold read a paper on "Constipation," in which he expressed the opinion that it was often brought on by the use of highly seasoned food, hot drinks, and especially hot tea. The doctor was in favor of coarse food and exercise to promote a healthy movement of the bowels. The paper was discussed by Drs. Wood, Hanchett, Lownsbury, Baker, Harris and Betts.

Dr. Baker presented the case of a Mr. Meyer, on whom a successful operation was performed for an encephaloid tumor.

The operation was performed by Dr. Betts, at the last meeting, in the presence of the members of the society. Mr. Meyer has since been under the care of Dr. Baker, and had done finely, until another tumor appeared in the glands of the neck, which was treated successfully by the doctor with electricity.

Mr. Meyer was present, and the case examined by the doctors.

Dr. Hanchett reported a case of scirrhus tumor, which was successfully removed by Dr. J. N. Betts, assisted by Drs. S. D. Hanchett, T. L. Harris and C. T. Greenleaf.

Interesting cases in practice were also reported by Drs. Bolles and Arnold.

The committee on nominations reported the following officers for the ensuing year, who were duly elected : president, Dr. H. A. Bolles, Cortland ; vice-president, Dr. E. L. Baker, Syracuse ; secretary and treasurer, Dr. T. L. Harris, Cazenovia.

CENSORS.

Drs. J. N. Betts, Pulaski ; S. D. Hanchett, Chittenango ; W. W. Nims, Syracuse ; A. J. Butterfield, Elbridge ; F. D. Gridley, Whitney's Point.

At the conclusion of the secretary's remarks, Dr. H. A. Bolles, of Cortland, and Dr. C. F. Lounsbury, of Navarino, were elected delegates to the national convention, and Drs. A. J. N. Purdie and T. L. Harris, alternates.

The following delegates were elected to the meeting of the State society, which convenes in Syracuse, in October, 1879 : Drs. W. H. Hill, E. L. Lord, O. S. Kenyon, W. W. Nims, J. B. Chapman, S. D. Hanchett, E. L. Baker and Josiah Arnold.

On motion of Dr. Lounsbury, the first four delegates were recommended for permanent membership in State society.

Dr. Bolles, the president, announced the following committee for the ensuing year :

On the good of the society, Dr. T. L. Harris, chairman, who is to deliver the semi-annual address, and the following gentlemen to present essays :

Dr. E. L. Baker, fevers ; Dr. S. D. Hanchett, puerperal fever ; Dr. E. L. Lord, gastritis ; Dr. W. W. Nims, tumors ; Dr. J. N. Betts, puerperal convulsions ; Dr. T. L. Harris, electricity ; Drs. Hill, Butterfield, Lounsbury, Arnold, Wood, Hill, Gridley, Greenleaf, Lawrence, Kenyon, Crandall and Chapman, to present cases in practice.

The evening session was devoted to hearing the annual address, by Dr. H. A. Bolles, of Cortland, on the subject of "Ethics," at the conclusion of which a vote of thanks was tendered the doctor for his able and eloquent address.

On motion, society adjourned until Thursday, 8:30 a. m.

Reassembled at the court house, at 8:30 a. m., Thursday, with President Betts in the chair.

Interesting cases were reported by Drs. Baker, Bolles, Arnold, Gridley, Phelps, Lawrence, Hill and others, after which a general discussion ensued.

A resolution was passed that the society adjourn, to meet at 1 p. m. on the day previous to the meeting of the State society.

The subject of temperaments was taken up, and, at the request of those present, Drs. Arnold and Bolles examined several of the members of the society, and gave their opinions, which excited considerable merriment.

The society then adjourned, subject to the call of the secretary.

T. L. HARRIS,

Secretary.

CALIFORNIA ECLECTIC MEDICAL COLLEGE, AT COURTLAND,
CALIFORNIA.

Announcement.—The board of trustees take pleasure in announcing to the medical profession on the Pacific coast, that they have organized and incorporated a medical college of liberal and progressive medicine and surgery, in whose halls will be taught the principles and practice of Eclecticism, in the strictest sense and meaning of the term.

A few words upon Eclecticism may be necessary. That we should have to employ such a distinctive term (above all in the science of medicine), is very strange, though the fault is not ours, and we hope, ere long, to find this to be as unnecessary as that of allopathy is now grating to *its* professors.

Eclecticism (from *eklegein*, to choose), in medicine, means selection with reference to the methods and agents of medication; and has been, without the least surprise or comment, for two or three centuries, practically applied in all other arts and sciences, which could not have progressed without it. Each generation hands the torch of its discoveries and inventions to its successors, that the latter may improve, invent and select for human benefit. How strange that this, the obvious and only method of real progress, should have been neglected, and even tabooed almost to our day, by professors of the healing art—an art of all others to which, from the imperfect knowledge of that complex world, man, correction, change and selection especially apply!

Dreadful as have been the effects of fanaticism and error in religion and jurisprudence, they can be scarcely worse than those resulting from a fixedness of ideas as to therapeutics, when this science has been so imperfectly understood. Though "to die is always dreadful and to be avoided," this was the penalty poor man had generally to pay for his ignorance or contempt of physical truths. Happily for the race, the right of private judgment is emancipating medicine, also, from the fetters that bound her, and the Eclectics, who exercise it, are at last being wafted along on the topmost waves of popular favor.

And so much so is this, that even if our organization did not possess the intrinsic merits of which we have spoken, the name Eclectic would be, in itself, almost sufficient to ensure it public patronage and success.

The board of trustees are advocates of medical education for women, who will, therefore, be admitted to the college on the same terms as other students.

As the sole aim of the college is to educate good, practical physicians and surgeons, its course will be free from all exclusiveness and bigotry, and it will accept students with reference solely to their attainments, and not with reference to the schools or preceptors that may have taught them.

The professors will be men in the prime of life, capable of keeping well abreast of the daily improvements in all branches of their respective chairs, and, as practicing physicians, of imparting to students what is most useful and practical, no less than what is theoretical and fundamental.

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

The annual meeting of this society was held June 5 and 6, 1879—the president, Dr. Milbray Green, in the chair. The following officers were elected for the ensuing year: president, E. E. Spencer, of Cambridgeport; vice-president, John Perrins, of Boston; corresponding secretary, F. L. Gerald, of Hyde Park; recording secretary, A. L. Chase, of Randolph; treasurer, J. W. Towne, of Charlestown; librarian, J. D. Mason, of Boston; councillors, C. Lloyd, A. W. Sidney, N. Jewett, G. H. Mirkell, J. M. Aldrich. An excellent essay was read by Dr. J. P. Bills, of Dorchester, on "Dyspepsia."

At the afternoon session, Thursday, the new president took the chair. Essays were read by Dr. R. W. Geddes, of Winchendon, on "The True System of Medicine," and by Dr. F. L. Gerald, of Hyde Park, on "Medication."

Friday morning, an essay was read by Dr. J. B. M. Dickens, of Newburyport, on "Pulmonary Emphysema," and its special treatment; also, by Dr. C. Lloyd, on the subject of "Diphtheria," who discussed at considerable length the various theories of the cause of this disease, from various authors. A committee, consisting of Drs. C. E. Miles, H. W. Buxton and J. M. Aldrich, reported the following resolutions on the death of Dr. William E. Underwood, of Boston, which were unanimously adopted:

Whereas, We recognize in the decease of our associate, friend and former president, William E. Underwood, M. D., a loss that fell heavily upon us and his family; therefore, be it

Resolved, That we owe a heartfelt tribute to his memory and virtues, and we mourn him as a man of high sense of honor, rare courage to follow his convictions of right, and a physician ever kind, faithful, sympathetic and thoroughly skilled in the healing art.

Resolved, That we deeply sympathize with those bound to the deceased by the dearest ties, and share with them the hope that he rests from his earthly labors only to enjoy the fruitions of the good.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, and that they be spread upon the records of this society.

At one o'clock, Dr. J. S. Andrews, the orator of the day, delivered the annual address. His subject was, "Physiological Psychology."

At two o'clock, the members, with a few invited guests, sat down to their annual dinner. After an hour had been spent, the company was called to order by the chairman, Dr. Aldrich, who introduced as the first speaker the president elect, Dr. Spencer, who made a brief address. The retiring president, Dr. Milbray Green, of the Highlands, was called out in response to the sentiment, "The Scientific Method—applicable alike to the Medical as to the Physical and Natural Sciences."

Mr. S. T. Cobb was called up to respond to a sentiment to the press, and he argued that the press should be conducted on the "Eclectic" principle. The theory of Eclecticism precludes the existence of bigotry and intolerance among the profession, and the handful of conscientious Eclectic physicians have done more than can be told to broaden the views and enhance the usefulness of the medical fraternity at large.

An original poem was read by Dr. Darling, after which Rev. M. J. Savage was called up to respond for the clergy, which he did in an eloquent manner.

Addresses were also made by Drs. A. L. Chase, Andrews and Miles.

Dr. Milbray Green was elected orator at the next annual meeting, and Dr. Seth C. Ames anniversary chairman.

The next semi-annual meeting is to be held at the Revere House, Boston, January 14, 1880. The next annual meeting, June 3 and 4, 1880, at the same place.

PERSONAL AND LOCAL ITEMS.

Dr. E. B. Foot and wife, of 120 Lexington Ave., of this city, have returned home from a visit of several weeks in Europe much improved in health, and the doctor immediately enters into his professional labors, and will be pleased to see his old friends.—Drs. Brandreth have returned, after spending several months abroad, and are now at home again, where they have ever met warm greetings and that good feeling awarded to men of high and noble characters.—Prof. H. D. Garrison, of the Bennet Medical College, of Chicago, after a two years' absence, sailing, like General Grant, around the world, is again at home, and, as ever, hard at work in his profession, and his old friends and former students will be pleased to have him in his college labors the coming session of the Bennet.—Milbray Green, M. D., of Boston, Mass., president of the National Eclectic Medical Association, has been visiting our city in the interest of his relation to his office. He is determined, if sustained by his co-laborers and officers, to make the cause flourish and succeed during his administration. He will not lack the co-operation of every one who is in real earnest in this object. He is a *live* man and in the right place. We wish him great success in his new departure. It was timely, and will receive the help of the journals, colleges, and the profession.—Henry L. Stuart died Tuesday, Sept. 16, 1879, of paralysis, at the residence of Mrs. Dr. Long, at Athens, Georgia. Our college has lost a strong friend, he having been one of the original incorporators and a constant and continued worker up to the time of his death. An obituary notice will appear in the next number of our journal.—Gerard M. Beatty, M. D., a graduate of the class of 1875–6, died of cerebro-spinal meningitis, at Elizabeth, New Jersey, Aug. 30, 1879.—The senior editor of this journal has returned from his Western trip in good health and spirits, and able to resume the professional labors belonging to his practice and the college.—Prof. Buchanan, who has been lecturing to large audiences in the West and South during several weeks past, is now spending a short time with his friends at Paris, Ky., but will be on hand at the opening of the college, as will the junior editor of this journal, who is now in Cincinnati, O., on professional business, as well as a visit to the home-

stead and friends of his boyhood days. We learn that he has received much attention from the citizens of his birthplace.—We have on hand quite a number of books, pamphlets, and manuscripts, all of which will be duly noticed in our next.—Mrs. Fannie Hubbard, of St. Louis, Mo., has just returned from a two years' tour, having visited the four quarters of the globe. She is a great traveller, and has laid up a vast amount of interesting information, and with this and good health (not having been sick a single day during her long sojourn abroad) now returns to her family and friends in St. Louis.—The unpublished letters from Palestine and the Holy Land will appear in future numbers of this journal.—During the late visit of the senior editor, he visited, while in Detroit, Mich., the extensive manufacturing drug establishment of Parke, Davis & Co. Their business has extended so much that their present and former manufacturing facilities were not equal to their requirements. They are now enlarging their buildings, which will cover almost an entire block; they are also enlarging their machinery, and improving the same in every respect where such changes can be made. Their stock of both the manufactured and crude articles are larger than they have ever been before. Notwithstanding our familiarity with such business, we found it of great interest and pleasure to spend several hours in the establishment; and we would here remark, that their business is entirely in the line of the medical profession, and no gentlemen can take more satisfaction in the visits of the members of the medical profession, in explaining fully their crude articles, their manufactured goods, with their method of preparing the same. Every medical man who has the opportunity of visiting this vast establishment should do so. They have recently added several new remedies to their list. The large capital being used by this house enables them to accomplish everything in this line of business. It is an interesting matter to see what improvements have been made in the manufactures from American plants, since they were first established in this country, by William S. Merrill & Co., at Cincinnati, Ohio, who were the pioneers in this line of business. Then an ordinary wash boiler upon a cooking stove, with a very common percolator, was all that was necessary to supply the demand for goods in this line; while at this period millions of dollars are invested by a single house, and still the cry is from many quarters, "Give us more!" This line of American goods is now advertised, and supplies a large demand in every part of the world where the medical profession has power and influence, and a desire to cure the greatest number of people by and with the use of the best and purest medicine.—The Eclectic Medical College, of the City of New York, for the session of 1879–80, will commence October 1. The prospect for a large class is very good; about one hundred have already

entered the same.—Prof. J. Marion Sims, who has been absent in Europe for the last three years, has returned, and is now at his old residence, and has already received a large line of business belonging to his specialty. We are informed that he has been the recipient of the warmest congratulations of the entire medical profession, all of which he deserves, for his noble, independent and progressive opinions, and his attachment for the medical profession is unsurpassed by any other medical man.

The eighteenth annual meeting of the Eclectic Medical Society, of the State of New York, will be held at Association Hall, Nos. 53, 55 & 57 East Genesee Street, Syracuse, on Wednesday and Thursday, Oct. 15 and 16, 1879. Bear in mind, therefore, the meeting does not take place on the 8th and 9th (the second Wednesday and Thursday), but occurs on the third Wednesday and Thursday, October 15 and 16, at Syracuse, N. Y. Respectfully, your obedient servant, J. EDWIN DANIELSON, M. D., secretary.

BOOKS, PAMPHLETS, MANUSCRIPTS AND TRANSACTIONS RECEIVED.

THE CORNELL UNIVERSITY REGISTER AND CATALOGUE OF 1878-9. 3d Edition, Ithaca, N. Y.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK. By C. Henri Leonard, M. A., M. D. Third edition Detroit, Mich.

ANNUAL CATALOGUE OF THE UNIVERSITY OF ROCHESTER, 1878-9.

THE PHOSPHATES IN NUTRITION AND THE MINERAL THEORY OF CONSUMPTION AND ALLIED WASTING DISEASES. By M. F. Anderson, M. D., as practically carried out by C. H. Phillips, N. Y.

B. QUARITCH'S CATALOGUES OF ENGLISH LITERATURE, London, April 8 and May 1, 1879.

DESCRIPTIVE CATALOGUE OF SCHOOL AND COLLEGE TEXT BOOKS. Published by Houghton, Osgood & Co., Boston and New York.

NINETY-FIRST REPORT OF THE REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK, 1878.

This is a volume of 500 pages, and contains matter of interest pertaining to all the colleges, medical and literary, and all the institutions under the control of the Board. A work of great interest to all persons interested in medicine and literature.

LEGGAT BROTHERS' CATALOGUE OF BOOKS, No. 55. New York.

AMERICAN NERVOUSNESS, ITS PHILOSOPHY AND TREATMENT. By Geo. M. Beard, M. D., New York.

PRACTICAL INSTRUCTION IN ANIMAL MAGNETISM. By J. P. F. Deleuze. Translated by Thomas Hartshorn. Revised edition, with an Appendix of Notes by the translator, with letters from eminent physicians and others descriptive of case in the United States. 12mo, pp. 524. Cloth, price, \$2.50. Samuel R. Wells & Co., Publishers, New York.

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H. E. FIRTH, M. D.,	Brooklyn, New York.
B. J. STOW, M. D.,	Brooklyn, New York.
ROBERT HAMILTON, M. D.,	Saratoga Springs, New York.
A. G. STILLMAN, M. D.,	Troy, New York.
H. PEASE, M. D.,	Schenectady, New York.
SAMUEL TUTHILL, M. D.,	Poughkeepsie, New York.
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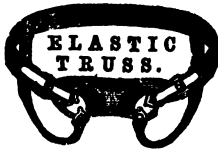
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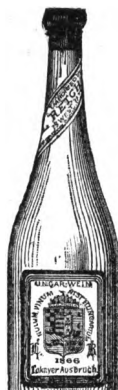


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January, 1879.]

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June, 1879.

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Black Haw.—(Viburnum Prunifolium.) From the UNITED STATES. Employed to prevent abortion and miscarriage.

Grindelia Robusta.—From CALIFORNIA. A valuable curative agent in asthma and diseases of the air passages.

Grindelia Squarrosa.—From CALIFORNIA. Anti-malarial. Used in enlarged spleen and other malarial diseases.

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Kaki.—(Diospyros Kaki.) From JAPAN. Peculiar action on the mucous surfaces. Useful in mucous dyspepsia, typhoid fever, etc.

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Jaborandi (diaphoretic). **Guarana** (sick headache). **Fucus Vesiculosus** (anti-fat).

Bearsfoot (enlarged spleen). **Coca** (nervous stimulant). **Kava Kava** (gonorrhœa).

Eucalyptus Globulus (antiseptic and anti-malarial). **Yerba Santa** (coughs).

Yerba Ruema (catarrh). **Wood Betony** (dyspepsia). **Ustilago Maidis** (oxytocic).

Penthorum Sedoides (catarrh). **Soap Tree Bark** (tooth wash).

CRUDE DRUGS.

Goa Powder (ringworm and diseases of the skin).

Gurjan Balsam (a substitute for Copaiba).

Alstonia Constricta (a substitute for Calisaya).

SUGAR COATED GRANULES.

Calcium Sulphide, 1-10 gr. (for the cure of boils and carbuncles).

Our limited space prevents our describing in detail the history and application of each remedy, but to those interested in NEW REMEDIES, we will say, that we can furnish interesting information relative to the above new drugs.

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If you desire to procure any of these NEW REMEDIES, send for same to LEHN & FINK and WALTER ADAMS, New York City; SMITH, DOOLITTLE & SMITH, Boston; W. B. BLANDING, Providence; L. BURTON & CO., Troy; and D. H. FONDA, Albany, specifying "P., D. & CO.'S" in all cases; by so doing you will ensure reliable preparations of the true drugs.

[Sept., 1879.]